



EXETER VEIN AND HERNIA

Informed Consent

What is Informed Consent?

This is the process through which you decide on whether to have treatment and which treatment to have. It does not occur at a single point in time, but is a "Package" delivered throughout your care.

There are two aspects to informed consent: **capacity** and **decision making**.

- **Capacity** relates to your ability to understand the information you have been given, to evaluate that information and to communicate your decision.
- **Decision making** involves a full explanation of all the treatment options available to you, including the risks and benefits of each (including non-treatment). This may be through written information, verbal discussion or other media (this website, for example).

In other words, you understand all your options, think about them and decide what you want before letting Mr Birchley know.

Legal Guidance

The standards expected of information given during Informed Consent have recently changed significantly.

Previously, the standard for Informed Consent was based on the Bolam Principle, derived from the case of *Bolam vs Friern Hospital Management Committee* in 1957. Surgeons had an obligation to provide information to a standard considered acceptable by their peers (i.e. other surgeons).

Recently *Montgomery vs Lanarkshire Health Board* has changed this standard.

As your surgeon, I am obliged to advise you not only of all significant or common risks, but of **any risks I feel may be important to you even if you do not ask**. This is an important recent change in the principles of obtaining informed consent.

I will only proceed to treatment when we are both satisfied that you have understood all the options available to you. For my part this means fully informing you; for your part, it means deciding on which option suits you best.

How does Mr Birchley provide Informed Consent?

Mr Birchley believes in providing all the information you require to reach a decision in both discussion and writing. He also advocates taking time to consider the information and raise any questions you may have before committing to treatment.

The process therefore consists of several stages:

- A consultation and discussion centred around your specific circumstances aimed towards:
 - Explaining your problem and treatment options, including fees
 - Answering your questions
 - Outlining treatment options (including non-treatment or transfer to NHS care where appropriate)
- Provision of a written record of the consultation (in the form of a letter to yourself and - with your consent - your GP)
- Direction to written resources to reinforce and supplement the discussions:
 - Procedure-specific pages of this website
 - Information leaflets relating to your procedure(s) on this website
 - Occasional external resources
 - Taking time to consider the above (if required) before reaching a decision and arranging treatment

Further questions can always be answered by email, telephone or another consultation.

Duty of Candour

Medical practitioners are bound by a Duty of Candour (openness and honesty) to their patients. In my surgical practice this means:

- I will inform patients promptly and openly of any significant harm that occurred during their care, whether or not the information has been requested and whether or not a complaint has been made.
- I will act immediately should patients have suffered harm, promptly apologise and, where appropriate, offer reassurance that similar incidents will not reoccur.
- I will report all incidents where significant harm has occurred through the relevant governance processes of the organisation I provide care through.

In cases where low-level incidents have occurred without harm, I will use my discretion in informing patients depending on whether I believe the patient-professional relationship would be undermined by non-disclosure.